

Travel & Expense Account
Transmittal Sheet

After Approval, Mail Receipts To

Alcohol & Drug Programs RF#209
1700 K Street
Sacramento, CA 95814



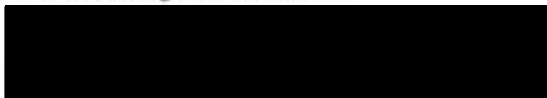
Employee Name ZITO, Renee
Expense Dates 06/05/10-06/06/10
Total Expense Amount 191.20
Amount Due Employee 40.00
Form ID TEA000697849

CLAIM EXCEPTION(S)

	Item	Exception	Response
1)	#A6 DPA required	Document of Prior Approval required for Out of State Travel.	Yes

I have reviewed the following documents.

Approved
by:



MICHAEL'S CUNNINGHAM

Travel & Expense Account Summary

Employee Name: Renee ZITO
 Expense Dates: 06/05/10-06/06/10
 Report Name: SAMHSA Vet. Policy Academy

Request Total \$ 191.20
 Direct Charge Total - 151.20
 Travel Advances - 0.00
 Net Due Employee = 40.00

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	SAMHSA	191.20

NOTE: (d)=Direct Charge

DATE	Sat Jun 5	Sun Jun 6								TOTAL
O/S Breakfast	6.00									6.00
O/S Lunch	10.00									10.00
O/S Dinner	18.00									18.00
O/S Incidentals	6.00									6.00
O/S Commercial Airfare (d)		151.20								151.20
TOTALS \$	40.00	151.20								191.20

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Employee Name	<u>ZITO, Renee</u>
Expense Dates	<u>06/24/10-06/25/10</u>
Total Expense Amount	<u>152.00</u>
Amount Due Employee	<u>152.00</u>
Form ID	<u>TEA000700599</u>

I have reviewed the following documents

Approved
by:

MICHAEL S CUNNINGHAM

Travel & Expense Account Summary

Employee Name Renee ZITO
Expense Dates 06/24/10-06/25/10
Report Name Aging Conference Oakland

Request Total \$ 152.00
Direct Charge Total - 0.00
Travel Advances - 0.00
Net Due Employee = 152.00

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Aging Conf.	152.00

NOTE: (d)=Direct Charge

DATE	Thu Jun 24	Fri Jun 25								TOTAL
Mileage, Personal Auto	89.00									89.00
Dinner	18.00	18.00								36.00
Breakfast		6.00								6.00
Incidentals		6.00								6.00
Bridge Tolls		5.00								5.00
Lunch		10.00								10.00
TOTALS \$	107.00	45.00								152.00

Travel & Expense Account Transmittal Sheet

After Approval, Mail Receipts To



Employee Name ZITO, Renee
Expense Dates 06/28/10-06/30/10
Total Expense Amount 837.25
Amount Due Employee 515.85
Form ID TFA000701847

DIRECTIONS FOR SUBMISSION

1. Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.

	Date	Expense Item	Amount	If not submitted - Explain
1)	06/28	Lodging	182.52	
2)	06/28	Auto Rental	106.93	
3)	06/29	Lodging	110.40	
4)	06/30	Parking, Auto	26.00	

2. Forward Transmittal Sheet and attached documentation through your approval process.

EXPENSE EXCEPTION(S)			
	Expense Rule	Exception	Response
1)	#46a DPA required - Lodging	Did you obtain prior written approval to exceed the maximum allowed?	Yes

I have reviewed the following documents.

Approved
by:



MICHAEL S CUNNINGHAM

Travel & Expense Account Summary

Employee Name Renee ZITO
Expense Dates 06/28/10-06/30/10
Report Name FNL Spotlight Festival & Pat Moore
 Foundation

Request Total \$ 837.25
Direct Charge Total - 321.40
Travel Advances - 0.00
Net Due Employee = 515.85

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	FNL/Pat Moore	837.25

NOTE: (d)=Direct Charge

DATE	Mon Jun 28	Tue Jun 29	Wed Jun 30							TOTAL
Commercial Air Fare (d)	321.40									321.40
Mileage, Personal Auto	5.00		5.00							10.00
Dinner	18.00	18.00								36.00
Lodging	182.52	110.40								292.92
Auto Rental	106.93									106.93
Breakfast		6.00	6.00							12.00
Lunch		10.00	10.00							20.00
Incidentals		6.00	6.00							12.00
Parking, Auto			26.00							26.00
TOTALS \$	633.85	150.40	53.00							837.25